

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13121</u>	2. Fiscal Year Covered From: <u>1/1/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>Bernard Jackson</u> P.O. Box, Bldg., Room No., if any Street <u>300 W 9th St</u> City <u>Chester</u> State <u>PA</u> ZIP Code + 4 <u>19013</u>	4. Name, file number, and address of labor organization. Name <u>Professional + Public Services Emp Local 1319</u> Labor Organization File Number <u>070-932</u> P.O. Box, Building and Room Number, if any Street <u>PO Box 795</u> City <u>Chester</u> State <u>PA</u> ZIP Code + 4 <u>19016</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Bernard Jackson

On

8/12/05  
Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Man-u Service Contract Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 100

Street 4600 Powder Mill Road

City Beltsville

State Maryland

ZIP Code + 4 20705-2675

## 9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Same

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Multi-Employer Health &amp; Welfare Fund

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Reimbursements of expenses for educational trustee conferences held in Las Vegas, NV 11/05/03 - 11/13/03. Reimbursement received 02/25/04.

## 12.b. Amount.

\$705

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing Bernard Jackson	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Multi-Employer Health &amp; Welfare Fund.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement of expenses for educational trustee conference held in Atlantic City, NJ on January 9, 2004.</p> <p>12.b. Amount. \$2,070</p>

Name of Person Filing Bernard Jackson

File Number U-

## Part B Continuation Page

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☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Multi-Employer Health &amp; Welfare Fund.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Reimbursement of expenses for trustee educational conference held in Baltimore, MD 02/27/04.

## 12.b. Amount.

\$1,175

Name of Person Filing Bernard Jackson

File Number U-

## Part B Continuation Page

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Trade Name, if any:

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Street

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State ZIP Code + 4

## 11.a. Nature of such dealing.

Multi-Employer Health &amp; Welfare Fund

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Reimbursement of expenses for trustee educational conference held in Baltimore, MD 05/27/04

## 12.b. Amount.

\$887

Name of Person Filing Bernard Jackson	File Number U-
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Part B Continuation Page

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Name of Person Filing Bernard Jackson

File Number U-

## Part B Continuation Page

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Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Multi-Employer Health &amp; Welfare Fund

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Reimbursement of expenses for trustee educational conference held in Virginia Beach, VA 07/09/04.

## 12.b. Amount.

\$1,186

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Multi-Employer Health &amp; Welfare Fund.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Reimbursement of expenses for IFEBP trustee educational conference held in New Orleans, LA 09/17/04 - 09/22/04.

## 12.b. Amount.

\$2,000

Name of Person Filing Bernard Jackson

File Number U-

Part B Continuation Page

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☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

Multi-Employer Health & Welfare Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement of expenses for IFEBP trustee educational conference held in Baltimore, MD 11/10/04 - 11/17/04.

12.b. Amount.

\$2,349

**ADDENDUM TO BERNARD JACKSON  
FORM LM-30 2004**

On several occasions in 2004, while I was ill in the hospital, I recall complimentary gifts were sent without my request to my hospital room, such as a fruit basket or flowers. I have no recollection or knowledge as to the value of the item, nor as to the purchaser or provider of such item.

August 12, 2005

US Department of Labor  
Employee Standards Administration  
Office of Labor Management Standards  
200 Constitution Avenue, NW  
Room N-5616  
Washington, DC 20210

Re: Form LM-30 Filing for Bernard Jackson

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-10 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 reporting provisions and in doing so I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Bernard Jackson